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TRANSMITTAL FORM

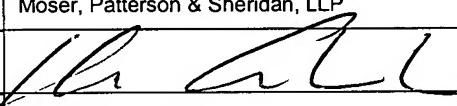
(to be used for all correspondence after initial filing)

		Application Number	10/626,471
		Filing Date	July 24, 2003
		First Named Inventor	Feltsman, et al.
		Group Art Unit	Not yet assigned
		Examiner Name	Not yet assigned
Total Number of Pages in This Submission		Attorney Docket Number	6452P1/CMI/L/B/PJS

ENCLOSURES (check all that apply)

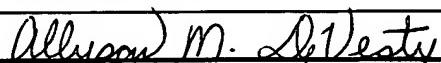
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Preliminary Amendment (4 pages)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks It is believed no fee is due. However, in the event a fee is due, kindly charge that fee to Deposit Account No. 20-0782. To facilitate that charge, a duplicate copy of this letter is enclosed.
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Keith Taboada, Esq. Moser, Patterson & Sheridan, LLP
Signature	
Date	September 3, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450 on this date: September 3, 2003

Typed or printed name	Allyson M. DeVesty	Date	September 3, 2003
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PRELIMINARY AMENDMENT
Serial No. 10/626,471
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IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

PATENT APPLICATION

Applicant: **Feltsman, et al.**

Case: **6452P1/CMI/L/B/PJS**

Serial No.: **10/626,471**

Filed: **July 24, 2003**

Examiner: **Not yet assigned**

Group Art Unit: **Not yet assigned**

Title: **SHUTTER DISK AND BLADE ALIGNMENT SENSOR**

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SIR:

PRELIMINARY AMENDMENT

Please enter this amendment to the specification in the above referenced application for reasons discussed below. Although the Applicants believe that no fee is due in connection with this response, the Commissioner is hereby authorized to charge counsel's Deposit Account No. 20-0782 for any fees, including extension of time fees or excess claim fees, required to make this response timely and acceptable to the Office.